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CONFIRMATION NO. 8879

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APPLICANTS

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** CONTINUING DATA *****
 This application is a DIV of 09/692,000 10/19/2000 PAT 6,892,734 ✓ yes/QT

** FOREIGN APPLICATIONS ***** None / QT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>QT</i>	STATE OR COUNTRY IL	SHEETS DRAWING 9	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 4
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TITLE
 Wound care suspension system

FILING FEE RECEIVED 696	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input checked="" type="checkbox"/> 1.18 Fees (Issue)
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